'The verses of madness': schizophrenia and poetry

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SUMMARY

In the early 19th century, Lombroso introduced the concept of *hereditary taint* to describe the coexistence of 'madness' and creativity. In a recent investigation, Rust *et al* reported a study designed to test the traditionally assumed relationship between creativity and schizophrenia. They uncovered an association between creative originality and the positive cognitive aspects of schizotypal thinking. Poetry is not only the 'product' of psychopathology but it can also be utilised as a form of therapy: "My name is David Holloway, I am a 33 year old poet/blogger with paranoid schizophrenia. A poet called Charles Bukowski has described poetry as the 'ultimate psychiatrist', and I am a firm believer in this. The strongest part of my personality is my belief in the power of love. My recovery has relied heavily on medication, diet and exercise. However it is the power of poetry that has been my true inspiration."

INTRODUCTION

People with schizophrenia experience challenges in differentiating between *self* and *non-self*; this phenomenon is known as a loss of ego boundaries. Another feature of the schizophrenic mind is an alteration in cognition called *concrete thinking*. 'Concrete thinking' can be described as the absence of symbol formation.¹

Medication is the mainstay of treatment for people who suffer from schizophrenia. However, 5–15% of people experience symptoms in spite of medication and may also go on to develop undesirable adverse side effects attributable to pharmacotherapy.²

The British Association of Art Therapists states the following of art therapy:

The focus of Art Therapy is 'the image' and the therapeutic process involves a transaction between the creator (the patient), the artifact and the therapist. As in all therapy, bringing unconscious feelings to a conscious level and thereafter exploring them holds true for art therapy, but here the richness of artistic symbol and metaphor illuminate the process'.³

Art Therapy can and has been used as an adjunct to medication for treating people with schizophrenia. Art Therapy is also unique in the way that art materials are utilised to make a link and engage severely disturbed people in psychodynamic therapy.⁴ A form of Art Therapy that the authors want to explore is autobiographical narrative as well as how poetry can be used as an adjunct to pharmacotherapy in patients with schizophrenia.

AUTOBIOGRAPHICAL NARRATIVE AND PSYCHOPATHOLOGY

With the immediacy and authenticity of first person narrative, the mental illness memoir creates a vivid

picture of human existence in the 'kingdom of the sick'.⁵ Moreover, autobiographical narratives of mental illness have an established tradition of lending themselves to the psychiatric field. Jaspers, in his *General Psychopathology*,⁶ borrowed from Schreber's *Memoirs of My Nervous Illness*.⁷ Indeed, both Freud⁸ and Sass⁹ have based their own constructs of delusions and other mental illness phenomena on Schreber's autobiographical narrative. Schreber's seminal writings (particularly his autobiographical narrative about his experiences with his own mental illness) have helped to facilitate the illumination of psychopathology.

SCHIZOPHRENIA, CREATIVITY AND POETIC EXPRESSION

The Longman Active Study dictionary¹⁰ defines creativity as "... involving the use of imagination to produce new ideas or things." In the late 19th century, Lombroso introduced the concept of 'hereditary taint' to describe the coexistence of 'madness' and creativity.¹¹

In a recent investigation, Rust *et al*¹² reported a study designed to test the traditionally assumed relationship between creativity and schizophrenia. They uncovered an association between creative originality and the positive cognitive aspects of schizotypal thinking. A paper by Buck and Kramer also demonstrates the presence of creative potential in a group of hospitalised patients who have been categorised as schizophrenic. Buck and Kramer¹³ revealed that considerable poetic skill exists in this group of people.

CASE PRESENTATION

Case study

The following case study is about David Holloway, a poet who suffers from schizophrenia, and how he has utilised autobiographical narrative (both verse and prose) as a form of therapy. It includes a narrative in the first person which reveals how psychopathology has influenced his poetry.

When David developed schizophrenia he had been a student studying sports science. Initially, he was very unwell and he recounted that he was very slow in thinking and he would lie in bed not answering questions. He used to drink alcohol sometimes in order to try to help him deal with his emotions. His slow thinking made it difficult for him to relate to his friends and so his circle of friends began to break down. He became more and more agitated. By 6–7 months into his illness he could not function. He had never really heard any voices or experienced any hallucinations of any modality; paranoia was his main problem.

David found help talking to people about his issues. He found that he was very heavily stigmatised when at University but when he found a

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girlfriend, she accepted him and he felt that others did not stigmatise him as much. Thus, he felt that things were getting better. He described that he had, throughout his illness, many delusions. He believed that he was the Lion of Judah and the reincarnation of King David. He told me that as part of his delusion system, he had a supernatural power and that this qualified his reality. He said that he felt that each person was a centre of reality and everything around us was a metaphor of life. He spoke of having a high level of consciousness and he had got involved in the Kabala and he felt that all religions had a universal construct. He had learnt how to meditate. He felt that people were seeing him on live TV and he explained that even now, when watching the Leveson enquiry on television, he would notice that people from the television were looking at him. He described this as the Truman effect referring to the film of that name.

When his father died, he began to think that his father's spirit was around him and constantly guarding him, for instance, he would feel that his father's spirit moved his tablets so as to make sure that he took them. These delusions do continue, however, he has come to the point where he is able to deal with them and he has found that using poetry which he writes very frequently and has published as a book is often of his understanding of the world and coming to terms with the world and with the way that he thinks. Looking back on the poems he can understand what his emotions are. He calls this poetry therapy. He uses the blog that he publishes on the internet and 1st person narratives for this as well and he is also doing art. His poems have been published in at least one book.

Case study: first person narrative (autobiographical narrative) by David Holloway

My name is David Holloway, I am a 33-year-old poet/blogger with paranoid schizophrenia. I first became ill at 16 years of age. Symptoms included 'thought blocking' and poverty of speech. Indeed, an entry in my psychiatrist's notes stated, 'it was like trying to get blood out of a stone' when alluding to his inability to initiate dialogue with me. I regained some of my faculties at college. I then attended the University of Bedfordshire and graduated in 2009, with a BSc in sports and physical education. The academic process enhanced my command of the English language and I found it easier to compose my poetry. In 2011, I had an exacerbation of my psychosis and I was re-admitted into hospital. I was started on Olanzapine which is a huge factor in my recovery and allows me to think without distraction (poet David Holloway, figure 1).

WHY I WRITE POETRY

I became more psychologically aware of my mind in 1999, and I was fascinated by Freud and his pioneering work on psychoanalysis. A poet called Charles Bukowski has described poetry as the 'ultimate psychiatrist', and I am a firm believer in this.

When I write I believe that I am emancipated from the 'shackles of schizophrenia'. After my father's bereavement in 1999, I found comfort in the Bible reading especially the Psalms. The book of Job is perhaps a comprehensive book of poetry, in my opinion at least, and its beauty helped me to grieve. Psychologically, I think poetry helps me to relax, stimulates my mind, contributes to neural regeneration, organises my thoughts and gives me a reason to live.

POETRY THERAPY

I believe that I am using poetry as an effective form of therapy, but I am not certain this would work for all schizophrenia

Figure 1 Poet David Holloway.

sufferers. The reason for this posit is that I think that having a good education is a precursor to writing poetry, and many schizophrenics have poor literacy through no fault of their own. Those schizophrenia sufferers who have published books of poetry tend to have an erudite background.

STANZA ON THE SUBCONSCIOUS

Each time I am taken to a specific major crossroads in my thinking, or merely a simple life lesson on a philosophical point, I write a few verses. I wrote a poem entitled 'Subconscious':

'Subconscious'
Human 'madness'
of possibility, waves of power
and frequency. Release me from
the indignations of my past.
Take me through the 'looking glass'.

The first lines are about brain waves and come from my college course in engineering. I imagine that when I am psychotic my "brain waves" appear to be abnormal. My 'indignations' are the mistakes of my past. The looking glass is a reference to the mirror, which seems to have a power over me, as if my image is distorted like reality. The mirror is also a reference to 'Through the Looking Glass' by Lewis Carroll where Alice goes through the mirror to a new world. The story begins with a book of poetry and the reverse image of 'Jabberwocky'.

DELUSION AND PARANOIA

When I write, my mind's focus used to be upon the delusional nature of my mind. The art of poetry can be used as a logical process of understanding a subject, usually ending with a specific poetic conclusion. After the poem has been written I'm able to analyse whether my thinking is deluded or stunted and ascertain whether higher levels of thought need to be achieved. I am in effect externalising my problems and discerning whether they are paranoid, deluded or realistic.

LOVE

The strongest part of my personality is my belief in the power of love. The love of my fiancée and brother has given me great

inspiration for my poetry. Many people with schizophrenia do not marry or find love. I think that more awareness of this fact is important to society, hence I try to highlight schizophrenia and its despair in my poetry. Love should be open to every human, but the toll of schizophrenia is like lost and forsaken people in history, and their poetry is all that remains as evidence of their existence (take for instance Wilfred Owen's poetry on the deaths of servicemen during the World War).

Poetry is everywhere I look, in songs, speeches, on famous statues and in historical documents, on television and radio. It can be mathematical, scientific, or abstract, and it can inspire man, nation or humanity. My recovery has relied heavily on medication, diet and exercise. However, the power of poetry has been my true inspiration.

TREATMENT

David had initially been given Venlafaxine and SSRIs however this only made the situation worse so they were discontinued. He was then started on Risperidone but this had given him a number of side effects which led to him being changed to Olanzapine. Consequently, his motivation became much better and he started to work.

OUTCOME AND FOLLOW-UP

David has made a remarkable recovery and is functioning well in society. He continues to attend follow-up appointments in order to monitor his response to treatment and to optimise his medication if and when necessary. David recently presented in the 2012 International Symposium of Poetry and Medicine in the Wellcome Trust in London and his presentation was very well received by the delegates. David's journey has been truly inspirational. He is continuing to campaign against the stigma associated with schizophrenia and mental illness in general. We salute David for his candour and courage.

DISCUSSION

In short, to teach a student to read, in the fullest sense, is to help train him or her medically. To ask the medical student what is being said here... is to prepare him or her for the doctor-patient encounter.¹⁴

A reader reading well is simultaneously experiencing the text, responding to it emotionally, and at the same time analyzing that response, tracking it to its sources... Doing one without the other is not reading. And it is not doctoring either.¹⁵

There is a growing perception that science alone (or science with glances towards ethics and the social sciences) provides insufficient overall foundation for holistic understanding of the interaction between health, illness and disease. A distinguished group of evidence-based researchers agrees.¹⁶

... knowing the tools of evidence-based practice is necessary but not sufficient for delivering the highest quality patient care. In addition to clinical expertise, the clinician requires compassion, sensitive listening skills, and broad perspectives from the humanities and social sciences¹⁷

We contend that since autobiographical narratives of mental illness fall under the remit of medical humanities, clinicians (particularly psychiatrists) who read them will be able to deliver the highest quality patient care in a better manner.

The authors argue that autobiographical narratives of mental illness are precious sources of information. They provide a window into the nature of psychiatric disorders in a way that is not possible from standard psychiatric texts. They allow psychiatrists, other mental health service providers, relatives of people with mental illness and the general public a rare qualitative insight into the richness of psychopathology as experienced first-hand rather than as drawn out and described by psychiatrists. Moreover, in the preface of the eminent Columbia University Neurologist Oliver Sacks's bestselling book *The Man who Mistook his Wife for a Hat* the author contends, 'To restore the human subject at the centre -the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale...'

David's First Person Narrative is a very moving account from a highly perceptive and eloquent individual with schizophrenia. We hope that it will help to dispel some of the myths about people who have schizophrenia by making apparent that the condition can exist in incredibly creative, caring and compassionate individuals. We also hope that it will help to banish the stigma.

It is perhaps for these reasons that the peer-reviewed psychiatry journal *Cutting Edge Psychiatry in Practice (CEPiP)* includes in each one of its issues an autobiographical narrative from a person who suffers from the mental illness relevant to that particular issue's theme. For the GP or psychiatrist reading them, it can be insightful and instructive, for family and friends of loved ones who suffer from psychopathology, informative and illuminating and for those who actually compose the articles, therapeutic and cathartic. It allows those with mental illness to convey the essence of their condition and by doing so validates their suffering. There are also patients who derive solace from shared experience and we envisage that other people who have schizophrenia may identify with David and that identification may be comforting at the very least.

Schizophrenia Bulletin is a journal that specialises on First Person Account in people who have schizophrenia. The editors state that, "we hope that mental health professionals—the Bulletin's primary audience—will take this opportunity to learn about the issues and difficulties confronted by consumers of mental healthcare. In addition, we hope that these accounts will give patients and families a better sense of not being alone in confronting the problems that can be anticipated by persons with serious emotional difficulties."¹⁸

The title of an article authored by an individual who suffers from schizophrenia, JC Tolton, that was published in this journal makes apparent how poetry may be utilised as a form of self-evident therapy: "First person account: how insight poetry helped me to overcome my illness." Indeed, the author of the article, states, "the writing (of poetry) became an outlet for the pent-up feelings inside me. Often humorous, the poems allow me to release pent up nervous tension... also, writing the poems is a form of self-exploration."¹⁸

JC Tolton in his illuminating article defines insight as, "a mental penetration or discernment. Discernment is the process of making out, discriminating, or distinguishing."¹⁸ The authors contend that restoring insight in a patient who has lost it is a part of the process of convalescence and the title of JC Tolton's article makes apparent how autobiographical narrative can play a pivotal role in that process.

Learning points

- ▶ Considerable poetic skill exists in patients who have schizophrenia
- ▶ Medical Humanities are necessary for providing the highest quality patient care
- ▶ Autobiographical narratives of mental illness are special sources of information. They allow psychiatrists, other mental health service providers and the general public a rare qualitative insight into the richness of psychopathology as experienced firsthand rather than as drawn out and described by psychiatrists.
- ▶ The activity of creative writing in and of itself is therapeutic and indeed cathartic for many mental illness sufferers, particularly the composition of verse and poetry, as is evidenced in this manuscript and other autobiographical narratives of those with psychopathology.

Competing interests None.

Patient consent Obtained.

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